



Department of Health  
Health Policy Office  
PO Box 47860  
Olympia, WA 98504-7860

## Application For Board, Commission, and Committee Appointments

Please attach resume and letter of interest, if available

☐ Check if applying for public member position

☐ Check if willing to be considered for ANY profession, or

Health Professions for which this application is to be considered:

\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Social Security No. \_\_\_\_\_ Email Address \_\_\_\_\_ Legislative District \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Education (high school, name and location of college/university, year graduated, degree) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Licenses held (please complete this section if you hold a health care practitioner license) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Present employment (include job title, date of employment, description of duties, supervisor's name and phone number) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Previous employment/experience (include dates) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Memberships in professional/community organizations (list offices held and date of term) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

References (identify at least three and include address, phone number and relationship) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Personal Information

The Governor desires a broad representation of backgrounds on boards and commissions. Information in this section will assist in this goal and is **voluntary** on your part. This information will be treated as confidential, and will be available *only* to authorized staff.

### 1. What race or culture do you consider yourself?

Please check only one group. If you are of more than one race, please check "Other Race."

☐ Black/African-American ☐ White/Caucasian

Asian or Pacific Islander (API) (if API, please check one box below):

☐ Chinese ☐ Vietnamese  
☐ Filipino ☐ Asian Indian  
☐ Hawaiian ☐ Japanese  
☐ Korean ☐ Cambodian  
☐ Samoan ☐ Laotian  
☐ Guamanian  
☐ Other API (please identify below)

☐ Indian (American) (please identify name of the enrolled or principal tribe on line below:

☐ Eskimo ☐ Aleut  
☐ Other Race (please indicate race or culture and list in order of preference for Affirmative Action purposes):

### 2. Are you Spanish, Hispanic, or Latino(a)? If yes, please check one box below:

☐ Mexican, Mexican-American, Chicano  
☐ Puerto Rican ☐ Cuban  
☐ Other Spanish/Hispanic/Latino(a) (print one group below, such as Colombian, Dominican, Nicaraguan, Spaniard):

3. Are you ☐ Male ☐ Female

4. Are you a US Citizen? ☐ Yes ☐ No

5. Date of Birth \_\_\_\_\_  
MONTH DAY YEAR

### 6. Have you ever been on active duty in the U.S. Armed Forces?

☐ No ☐ Yes Dates: \_\_\_\_\_  
☐ Vietnam-era Veteran  
☐ Disabled Veteran: Percent of disability: \_\_\_\_\_ %

### 7. Do you have a physical, sensory, or mental condition that substantially limits any of your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, learning?

☐ Yes ☐ No

### 8. Do you have a physical, mental, or other health condition that has lasted six (6) or more months and which limits the kind or amount of work you can do at a job?

☐ Yes ☐ No

I certify that this information is true and accurate to the best of my knowledge.

SIGNATURE OF APPLICANT

DATE

RECOMMENDED BY

DATE

## Personal Information Definitions

**American Indian or Alaskan Native.** A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

**Asian or Pacific Islander.** A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. For example, China, Japan, Korea, Pakistan, the Philippine Republic, and Samoa.

**Black/African-American.** A person with origins in any of the Black racial groups of Africa.

**Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

**White/Caucasian.** A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Disabilities.** For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

**Disabled veteran.** A person entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

**Vietnam-era veteran.** A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.